

Baby's Schedule

Baby's Name _____ Baby's Birthday _____ (MM/DD/YYYY)

Baby's Birthday _____

Parent's Names _____

Parent's Schedule

of Locations & Times:

Mother

Father

	Mother	Father
Bible Study		
Worship Service		
Wednesday Evening		

Sleeping

Position: on Stomach on Back on Side Time: _____

Does baby hold something? _____

Feeding

Does baby nurse? _____ Time: _____

Bottle: Warmed Room Temperature Time: _____

Other Helpful Information

Does baby use a pacifier? _____

Does baby have allergies? _____

Special Instructions: _____

PLEASE LABEL ALL YOUR CHILD'S BELONGINGS (diaper bag, bottles, sippie cups, snack containers, etc.)

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